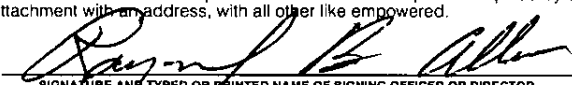


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90048 002 ****61.25

DOCUMENT # 748493 1. Entity Name SAND-FLY HUNTING CLUB, INC.					
Principal Place of Business 107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLAND, FL 32626			Mailing Address 107 EAST PARK AVENUE P.O. BOX 1129 CHIEFLAND, FL 32626		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2749663	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
\$8.75 Additional Fee Required				03212005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent BEAUCHAMP, GREGORY V. 107 EAST PARK AVENUE CHIEFLAND, FL 32626			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			FL Zip Code		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, DAVID NW 14 AVE AND 13 ST CHIEFLAND, FL 00000,	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOGEL, RANDY Hwy. 347 Chiefland, FL 32626	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, TOMMY G HWY 24 CEDAR KEY, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAS, BOBBY 417 NE 2nd St. Chiefland, FL 32626	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, RAYMOND STATE RD 341 CHIEFLAND, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, CONWAY HIGHWAY 320 CHIEFLAND, FL 00000,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, JAMES HIGHWAY 341 CHIEFLAND, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 3/23/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		